

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09805978</div>		FILING DATE <div style="font-size: 1.2em; font-family: cursive;">03.15.01</div>		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
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TOTAL IND.	6	↓		↓		↓		TOTAL IND.	↓		↓
TOTAL DEP.	12	↓		↓		↓		TOTAL DEP.	↓		↓
TOTAL CLAIMS	18							TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS